ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):			FOR COURT USE ONLY	
TELEPHONE NO.:	FAX NO. (Optional):			
E-MAIL ADDRESS (Optional):				
ATTORNEY FOR (Name):			4	
SUPERIOR COURT OF CALIFOR	INIA, COUNTY OF			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:			_	
CHILD'S NAME:				
ODDED ODANIE		TALE TO MEDICAL	CASE NUMBER:	
ORDER GRANTING AUTHORITY TO CONSENT TO MEDICAL,			CASE NOWBER.	
S	URGICAL, AND DENTAL CA			
	(Welf. & Inst. Code, § 366.27)			
4 7 1717				
1. The child is a dependent of t	he court under Welfare and Instit	tutions Code, section 300.		
2. The child is placed by order of this court with a relative caretaker (specify name):				
3. The relative caretaker named in item 2 is granted the authority to provide legal consent for the child's medical, surgical, and				
dental care. The authority gr	anted by this order is the authorit	ty that is held by a parent with	n full legal custody of a child.	
, 0	•	, ,	o ,	
Date:			JUDICIAL OFFICER	
			JODICIAL OF FIGER	
4. CERTIFICATION				
I certify that this document is a correct copy of				
the original on file in my office and that this order				
has not been revoked, annul	lled, or set aside			
and is still in full force and ef	fect.			
Date:		Clerk, by		, Deputy
		•		
(OFAL)				
(SEAL)				